

To

Mr. Gulam Nabi Azad , Union Minister for Health & family Welfare. India

Sub: Cause of thousands of Snake Bite Deaths in India.

Respected Sir,

I want to draw your kind attention to a serious deficiency in MBBS teaching in India .Though no clear cut data is available, more than 50000(Fifty thousand) people die every year in India due to snake bite (see report published in the Times of India on 2nd August 2007), According to my experience as the state level resource person for snake bite management training of West Bengal, a state of India, number of snake bite deaths in India would be much more than 50000 in a year. Hundreds of deaths due to common krait bite are not at all diagnosed. The mysterious presentation of common krait bite is not known to all most all the medical practitioners and most of the time a death certificate is issued in these cases where cause of death is written as ' cerebro vascular accident'.

According to Dr Ian D Simpson (JIMA June 2007), reasons for so high death rate in India due to snake bite are 'late administration and inadequate administration of anti snake venom serum (AVS)'.

But the most vital and the most painful reason for 'late' is lack of training of the treating doctors. Even if the victim reaches a health center within treatable period the Medical Officer (M O) there has no confidence to treat a snake bite case. The MO tries to transfer the patient to a higher center, even if he has AVS in his stock. Hence more time is lost in starting treatment. Thus all most all the Russell's Viper (RV) bite patients ultimately go to renal failure. And many a neurotoxic (Cobra and Krait) bite victims die on the way to higher centers. Again, these patients who die on the way are not accounted in the data of snake bite deaths.

Not only that, these cases further reduce the faith of the common people on the health centers and more and more people depend on the faith healers.

Why the MOs are not confident? This is due to a faulty MBBS curriculum in the country. Snake bite is not taught in all most all the medical colleges of India. We have spent several clinical classes in auscultation of a 'mid-diastolic rumbling murmur with pre-systolic accentuation', but not a single class on snake bite. Here, snake bite is only taught in the Forensic Medicine department. Only zoology of snakes is taught. No clinical class had been taken on snake bite in the Medicine departments in last 30 years or more. Naturally a new doctor posted at a rural health centre is bound to do trial and error with the snake bite victims.

We have started classes on snake bite management at the Community Medicine department of Calcutta National Medical College, Kolkata for the interns. Their eagerness to know the subject is highly encouraging. All the medical colleges in India should start clinical classes on snake bite immediately if we are seriously thinking of reducing snake bite deaths in India.

Thanking You,

Yours most sincerely,

Dr. Dayal Bandhu Majumdar

Dated: 5.7.2010. Calcutta National Medical College & Hospital,

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The Indian Journal of Emergency Pediatrics records and appreciates the passion and energey of Dr. D.B. Majumdar, an Ophthalmologist by training, towards this emergency of poor rural communities.

Editor-in-Chief